SUMMARY
Introduction: The main tumor of cerebellopontine angle is vestibular schwannoma (80–90%). According to National Institute of Health Consensus Development Conference the best treatment method is microsurgery. There are three principal surgical approaches: translabyrinthine, retrosigmoid and middle fossa. Only the latter two approaches provide the possibility of hearing preservation.
Aim: Technique of surgery and postoperative morbidity after MFA.
Material and methods: 39 patients (40 tumor) suffered from tumor of cerebellopontine angle, operated by using middle fossa approach in years 1998-2007. We evaluate hearing preservation and function of facial nerve and others postoperative morbidity.
Results: 22.5% of patients have hearing impairment and 32.5% has facial weakness. By individual cases we observed: CSF leak, meningitis, corneal ulceration, ischialgia, wound bleeding and venue thrombosis. 1/3 of patients suffered from headache and disequilibrium and 1/6 suffered from tinnitus.
Conclusion: According to NIH middle fossa approach is one of three possible approaches in microsurgery of cerebellopontine angle tumors. There is possible total tumor removal with hearing preservation. Monitoring of facial and cochlear nerve during operation is recommended.
Hasła indeksowe: nerwiak nerwu słuchowego, dostęp przez środkowy dół czaszki, guz kąta mostowo-móźdżkowego, powikłania pooperacyjne
Key words: vestibular schwannoma, middle fossa approach, tumor of cerebellopontine angle, postoperative morbidity